

SCHUETTE BRENDA p 252057

Name and Prisoner/Booking Number

Estrella Jail

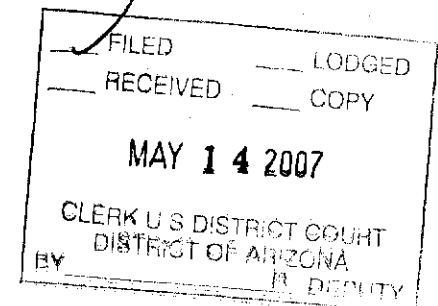
Place of Confinement

2939 W. Durango

Mailing Address

Phoenix, AZ 85009

City, State, Zip Code



(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Brenda Lynn Schuette
(Full Name of Plaintiff) Plaintiff,

vs.

CASE NO. CV07-961-phx-MHM (HCE)
(To be supplied by the Clerk)

(1) Officer Bingaman
(Full Name of Defendant)

(2) Irwin Thompson

(3) _____

(4) _____

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: Phoenix, Az / Estrella

B. DEFENDANTS

1. Name of first Defendant: Thompson The first Defendant is employed as:
Officer at City Police
(Position and Title) (Institution)
2. Name of second Defendant: Bingaman The second Defendant is employed as:
Officer, Bingaman at City Police
(Position and Title) (Institution)
3. Name of third Defendant: _____ The third Defendant is employed as:

(Position and Title) (Institution)
4. Name of fourth Defendant: _____ The fourth Defendant is employed as:

(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: Excessive Force of A police Officer - K-9 SIRAHN and Officer Bingham and Officer Thompson

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☒ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I was hiding under a truck in a residence Drive-way. Police were all around the whole truck. The next thing I know is K-9 SIRAHN grabbed my left side. Losing grip he grabbed my left leg below the knee, as he got me turned around my head got stuck. So, SIRAHN kept jerking my leg till he lost grip again. He grabbed again & I hollered my head was stuck at that point. The officer said, "I don't give a F. -- come with the dog. My head got a huge knot from being forced out. The dog drug me 10 ft down the drive way, before police let him release me. I was not told there was there. They let me lay in the police car bleeding all over when I was across the street from John C. Hospital. The whole time waiting he was showing what a job K-9 did, bragging to other officers.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I had 18 stitches, 1 below the knee w/ 2" x 1" scar, 10 above the knee cap w/ a scar 1" diameter, A scar on the back side of my knee & 3 scars on my side (left)

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

COUNT II

1. State the constitutional or other federal civil right that was violated: Medical Care

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☒ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Making me lay in a police car in shock and pain
 so other officers could look at my bites. I was
 begging him for the hospital. which he even
 told the nurse he didnt want to take my cuffs
 off for medical treatment. Aft in the emergency
 check in room or in patient care area. His
 comment to the nurse was how good of job K-9 did.
 This was Officer Thompson's doings and comments
 There is pictures at the police
 station. They took them.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Had to have my clothes cut off me.
 lost blood - lost clothes.

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
 b. Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
 c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
 d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

COUNT III

1. State the constitutional or other federal civil right that was violated: _____

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

[illegible]

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

- ## 5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I am seeking a cash judgment against the K-9 unit and Officers I know the force used was excessive. Which was also commented on at the hospital, by a nurse and a few others.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-1-07
DATE

Brenda Schuett
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

SCHUETTE BRENDA - P252057

Name and Prisoner/Booking Number

Estrella Jail

Place of Confinement

2939 W. Durango

Mailing Address

Phoenix, AZ 85009

City, State, Zip Code

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Brenda Schuette,)
Plaintiff,)

CASE NO. _____

MESO / K-9 SIRA HN /)
vs.)
Bingaman / Thompson)
Defendant(s).)

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER
CIVIL (NON-HABEAS)

I, Brenda Schuette, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

- Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?
☐ Yes ☒ No If "Yes," how many have you filed? _____
Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? ☐ Yes ☒ No If "Yes," how many of them? _____
- Are you currently employed at the institution where you are confined? ☐ Yes ☒ No
If "Yes," state the amount of your pay and where you work. _____

- Do you receive any other payments from the institution where you are confined? ☐ Yes ☒ No
If "Yes," state the source and amount of the payments. _____

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? ☐ Yes ☒ No
- If "Yes," state the sources and amounts of the income, savings, or assets. _____

I declare under penalty of perjury that the above information is true and correct.

5-1-07

DATE

Brenda Schuett

SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, Brenda Schuett hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10.00, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

5-1-07

DATE

Brenda Schuett

SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, M. Sue O'Dell, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is:

\$ 0

The applicant's average monthly deposits during the prior six months is:

\$ —

The applicant's average monthly balance during the prior six months is:

\$ —

The attached certified account statement accurately reflects the status of the applicant's account.

5/14/07

DATE

M. Sue O'Dell

AUTHORIZED SIGNATURE

B0738

TITLE/ID NUMBER

MC50

INSTITUTION

05/14/07
10:22:34

Inmate Account Statement

Page: 1

Booking Number: P252057 Name: SCHUETTE, BRENDA L

Acct Number: P252057R Type: REG - Regular Account
Status: OPN - Account Open

.....Transaction.....						Acct
Date	Time	Type	Description	Amount	Balance	Sts
01/16/07	12:32:02	I	Init. Funds Dep	\$3.86	\$3.86	OPN
01/26/07	06:47:15	S	Canteen Sale	-\$3.50	\$0.36	OPN
03/11/07	18:39:04	D	Deposit	\$20.00	\$20.36	OPN
03/16/07	06:30:47	S	Canteen Sale	-\$19.65	\$0.71	OPN
03/22/07	15:36:38	H	Hlth Svcs CoPay	-\$0.71	\$0.00	OPN
Ending Balance:				\$0.00		

>>> NOTE: Correctional Health Services (CHS) Charges -- Balance Due = \$19.29

*** NOTE: Funds available for self bond ==>==>==>==>==>==>==> \$0.00
(Ending Balance - CHS Chgs Owed) << OR >> 0

I hereby accept the above as an accurate statement of all transactions involving my inmate account(s) while in custody of the Maricopa County Sheriff's Office.

Inmate Signature: _____ Date: _____

***** E N D O F S T A T E M E N T * * * *****

